



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14065605
Outpatient Patient Service Revenue	\$34314516
Total Gross Patient Service Revenue	\$48380121

2. Deductions From Revenue

Contractual Allowance	\$31773998
Other Deductions	\$658228
Total Deductions	\$32432226

3. Total Operating Revenue

Net Patient Service Revenue	\$15947895
Other Operating Revenue	\$203324
Total Operating Revenue	\$16151219

4. Operating Expenses

Salaries and Wages	\$5523124	Employee Benefits	\$1464526
Depreciation and Amortization	\$567877	Interest Expense	\$154673
Bad Debt	\$0	Other Expenses	\$10157999
Total Operating Expenses	\$17868199		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1716980	Total Assets	\$8642818
Net Non-operating Gains over Loss	\$-892	Total Liabilities	\$9940394

Total Net Gains	\$-1717872
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26604095	\$16304841	\$10299254
Medicaid	\$8253291	\$7287070	\$966221
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13522735	\$8840315	\$4682420
Total	\$48380121	\$32432226	\$15947895

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$20933	\$-20933

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$878

Statement Six: Charity Statement

Hospital Charity Charges	\$3448527
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1201098	
HCI Payments	\$0		
Subtotal	\$0	\$1201098	\$-1201098
Medicaid Shortfalls	\$996221	\$3808161	
Subtotal	\$996221	\$5009259	\$-4013038
DSH Payments	\$0		
Subtotal	\$996221	\$5009259	\$-4013038
Medicare Shortfalls	\$9358682	\$9266022	
Other Government Programs	\$0	\$0	
Total	\$10354903	\$14275281	\$-3920378

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$18619	\$-18619
Community Assessment	\$0	\$11126	\$-11126
Provision of Taxes	\$0	\$933597	\$-933597
Other Allocations	\$0	\$0	\$0

Comments